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In case of more than one child at a birth, a SEPARATE RETURN must be filed for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 1466Registered No. 12

1. PLACE OF BIRTH

County COCAState ARIZONA

Township _____

or Village _____

City MIAMI

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

Ward _____

2. Full name of child MARCEALA MORENO

(If child is not yet named, make supplemental report, as directed)

3. Sex
FEMALEIf plural
births _____

4. Twin, triplet, or other _____

6. Premature _____

7. Legitimate? _____

8. Date of birth

OCT. 1320

5. Number, in order of birth _____

Full term _____

YES

(Month, day, year)

9. Full
name

FATHER

SEFERINO MORENO18. Full
maiden
name

MOTHER

MARCELA DIAZ10. Residence (usual place of abode)
(If non-resident, give place and State) MIAMI19. Residence (usual place of abode)
(If non-resident, give place and State) MIAMI11. Color or race Mex.12. Age at last birthday 32 (Years)20. Color or race MEX.21. Age at last birthday 18 (Years)

13. Birthplace (city or place)

(State or country)

MEXICO

22. Birthplace (city or place)

(State or country)

MEXICO14. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.MINER23. Trade, profession, or particular kind
of work done, as housekeeper,
typist, nurse, clerk, etc.HOUSEWIFE15. Industry or business in which
work was done, as silk mill,
sawmill, bank, etc.24. Industry or business in which
work was done, as own home,
lawyer's office, silk mill, etc.16. Date (month and year)
last engaged in this work17. Total time (years)
spent in this work25. Date (month and year)
last engaged in this work26. Total time (years)
spent in this work27. Number of children of this mother 2
(At time of this birth and including this child)(a) Born alive and now living 2 (b) Born alive but now dead _____ (c) Stillborn _____28. If stillborn,
period of gestation _____
months
or weeks

29. Cause of stillbirth _____

Before labor _____

During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 10 a.m. on the date above stated
(Born alive or stillborn)(When there was no attending physician
or midwife, then the father, householder,
etc., should make this return.)

(Signed)

Seferino Moreno, M.D.
Father, Midwife

or _____

Address

Filed

Feb 14, 1939 C. E. Quinn

Registrar.

Given named added from
a supplemental report14110-1013-4119 (Date of)
Registrar.